	PATEN	T APPLICAT Effe	TON FEE	DETERM lober 1, 20	INA 103	TION REC	O _, R	D.	11	18	126		
		CLAIMS		D - PART I	•	lumn 21		SMALL TYPE	ENTITY		ОТН	ER THAN	
	TOTAL CLAIM	S	3	3/		·		RATE				L ENTIT	
Ī	OR		NUMB	NUMBER FILED		NUMBER EXTRA		BASIC F	_		RATE BASIC F		
[OTAL CHARG	EABLE CLAIMS	3/1	3 / minus 20*		11		XS 9	- 	\neg	34000		
13	IDEPENDENT	CLAIMS	1/	/ minus 3 =						 °		198	4
MULTIPLE DEPENDENT CLAIM PRESENT							ĺ	X43=	┪—	 0	X86=	-	4
• If the difference in column 1 is less than zero, enter "0" in column 2								+145=		_ 0	+290=		╝
						COIGHTH Z		TOTAL	· L				
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	' OF	OTHER THAN SMALL ENTITY		1
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHES NUMBE PREVIOU PAID FO	A SLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	u ·	RATE	ADDI- TIONAL FEE	
ŽON	Total	• 30	Minus	1-3		15		X\$ 9=		OR	X\$18=	1 755	
AME	Independent	· 5	Minus	1-3		•2		X43=	 	7	2000	400.	w
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	HOA		100	1
^	1. 1.	8-24	05				L	+145= TOTAL		OR	TÓTAL		10 QQ
7	(Column 2) (Column 3)							WUII. PEE	-		ADDIT. FEE	100	10/
AMENUMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOI	LY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE	
Š	Total	• 3/1	Minus	-31		• /	. [X\$ 9= .		OR	X\$18=	500	ĺ
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_(ring) PRESE	NTẠTION OF ML				Mrs Am	<i>#</i>	+145=		OR	+290=		
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_		(Column 1)		: (Column:2	2) (Column 3)	AI	DDIT. FEE I		JOR	NOOTT. FEE	25000	D)
		CLAIMS . REMAINING AFTER AMENDMENT	•	HIGHEST NUMBER PREVIOUSL PAID FOR	·	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL	1	RATE	ADDI- TIONAL	• •
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			Minus	***			\vdash			OR	X\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					H	X43=	•	OR	X86=			
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Tightest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								145=		OR	+290=	·	
-41	ne Yognesi Num De "Highest Num	ber Previously Pale ber Previously Paid er Previously Paid	For in This For in This	SPACE is less	than 2	D, enter 20.		TOTAL DIT. FEE		OR A	TOTAL DOT, FEE		
	TO-875 (Rev. 100		~ (10th Q		unu ru	Anest uniupet p	ound	au gue gbbu	opriate box	en colu	ਲ 1.		

Application or Docket Number